

ISSUE SLIP STAPLE HERE (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			9-04-01
FORMALITY REVIEW	JM	10884	10/11/01
RESPONSE FORMALITY REVIEW	H1	1079	11/27/01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral)...	Canceled	A	Appeal
.....	Restricted	O	Objected

[illegible]

Final	Original	Claim	Date
51	✓	2.2.2.2.2	✓
52	✓	5.2.2.2.2	✓
53	✓	2.2.2.2.2	✓
54	✓	4.5.5.5.5	✓
55	✓	5.5.5.5.5	✓
56	✓	5.5.5.5.5	✓
57	✓	5.5.5.5.5	✓
58	✓	5.5.5.5.5	✓
59	✓	5.5.5.5.5	✓
60	✓	5.5.5.5.5	✓
61	✓	5.5.5.5.5	✓
62	✓	5.5.5.5.5	✓
63	✓	5.5.5.5.5	✓
64	✓	5.5.5.5.5	✓
65	✓	5.5.5.5.5	✓
66	✓	5.5.5.5.5	✓
67	✓	5.5.5.5.5	✓
68	✓	5.5.5.5.5	✓
69	✓	5.5.5.5.5	✓
70	✓	5.5.5.5.5	✓
71	✓	5.5.5.5.5	✓
72	✓	5.5.5.5.5	✓
73	✓	5.5.5.5.5	✓
74	✓	5.5.5.5.5	✓
75	✓	5.5.5.5.5	✓
76	✓	5.5.5.5.5	✓
77	✓	5.5.5.5.5	✓
78	✓	5.5.5.5.5	✓
79	✓	5.5.5.5.5	✓
80	✓	5.5.5.5.5	✓
81	✓	5.5.5.5.5	✓
82	✓	5.5.5.5.5	✓
83	✓	5.5.5.5.5	✓
84	✓	5.5.5.5.5	✓
85	✓	5.5.5.5.5	✓
86	✓	5.5.5.5.5	✓
87	✓	5.5.5.5.5	✓
88	✓	5.5.5.5.5	✓
89	✓	5.5.5.5.5	✓
90	✓	5.5.5.5.5	✓
91	✓	5.5.5.5.5	✓
92	✓	5.5.5.5.5	✓
93	✓	5.5.5.5.5	✓
94	✓	5.5.5.5.5	✓
95	✓	5.5.5.5.5	✓
96	✓	5.5.5.5.5	✓
97	✓	5.5.5.5.5	✓
98	✓	5.5.5.5.5	✓
99	✓	5.5.5.5.5	✓
100	✓	5.5.5.5.5	✓

Claim		Date
Final	Original	
101		
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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